

Surgical Instructions – Tympanoplasty

Tympanoplasty is a general term that describes several different procedures for repairing the tympanic membrane (eardrum) and to correct problems of the middle ear. Tympanoplasty surgery is designed to treat a perforation (hole) in the eardrum; removal of a deep retraction pocket which may result in atelectasis (thinning of the eardrum); removal of granulomas or cholesteatomas; correct chronic middle ear infections; and to repair the ossicular chain from the effects of infection.

The following procedures are outpatient surgeries performed under general anesthesia at one of the local hospitals. All ear surgeries require a pre-operative audiogram.

Purpose and Types of Procedures:

Tympanoplasty Type I

1. Closure of a perforation in the eardrum with a graft taken from an area in front or behind the ear
2. Improve hearing
3. Usually performed through the ear canal

Tympanoplasty Type II

4. Includes all, but not limited to, Tympanoplasty Type I
5. Reconstruction of the ossicular chain with or without a prosthetic device
6. Usually performed through the ear canal with the possibility of a behind-the-ear incision

Pre-Operative Instructions:

- Read and follow all directions on your Pre-Operative Surgical Instruction sheet
- Shampoo hair the morning of surgery. Patients with long hair should tie their hair back away from the operative site.

Common Post-Operative Complaints:

1. Mild ear discomfort—usually controlled with Tylenol or Motrin
2. Minimal to no dizziness
3. Bloody ear discharge for 24-48 hours – replace cotton ball in external ear canal as needed
4. Variety of ear sounds such as “popping,” “buzzing,” or “crackling”
5. Decreased hearing as a result of drainage, dissolvable packing and fluid in the middle ear

Care of the Graft Site:

The graft could be in either of 2 locations:

- Tragal site – in front of the ear or
- Post Auricular site – behind the ear

1. Expect several staples or self-dissolving sutures
2. Keep graft site dry for 48 hours, then you may get the graft site wet—the ear canal must be kept dry for at least 3 weeks (see post-op care instructions below)
3. Apply antibiotic ointment (i.e. Bacitracin) over the sutures 2 times a day. If oozing develops at graft site, apply gentle pressure for 10 minutes.

Post –Operative Instructions Following Tympanoplasty I or II

- ☐ Rest quietly for 24 hours
- ☐ Avoid water in the ear for approximately 3 weeks or until healing is complete
- ☐ Protect your ear during showers using 2 pieces of cotton—the outer ball should be saturated with Vaseline
- ☐ Do not blow your nose for approximately 3 weeks—sneeze with your mouth open
- ☐ Avoid flying for 3 weeks
- ☐ Avoid driving if you feel dizzy
- ☐ Avoid athletics or strenuous activity for 3 weeks
- ☐ Avoid lifting objects greater than 20 lbs. for 3 weeks

Tympanoplasty Type I – Return to school/work within 24 hours

Tympanoplasty Type II – Return to school/work within 48-72 hours

Call the office at 622-3623 if the following occurs:

1. Increase in pain or increase in intensity of pain
2. Excessive ear drainage beyond the expected time frame
3. Increased redness, swelling, tenderness at the graft site
4. Nausea and vomiting
5. Temperature over 101° orally
6. Asymmetry (drooping) of lower lip on the operative side; or one corner droops when smiling; or slanting of lip when puckering lips together
7. Inability to blink or close eye fully on operative side
8. Altered sensation of touch along the side of the face on the operative side